9STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

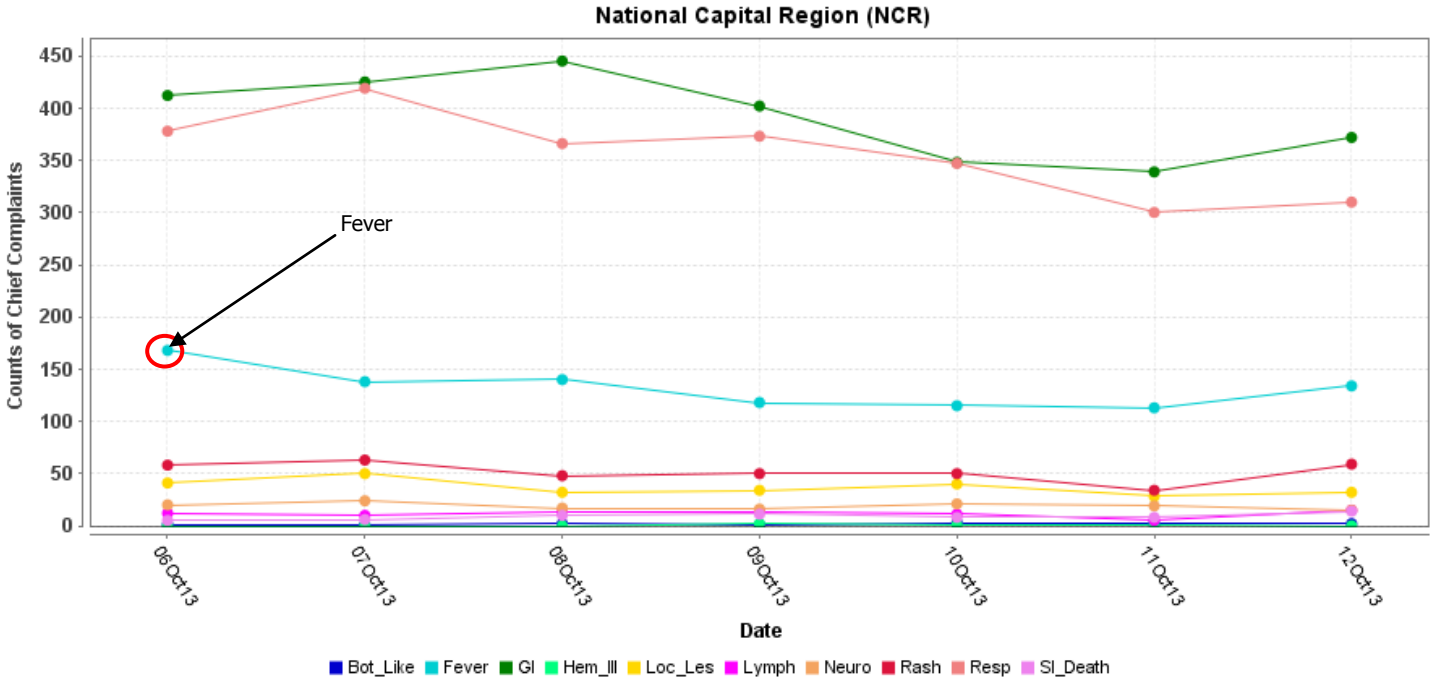
October 18, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:41
Reporting for the week ending 10/12/13 (MMWR Week #41)

CURRENT HOMELAND SECURITY THREAT LEVELS

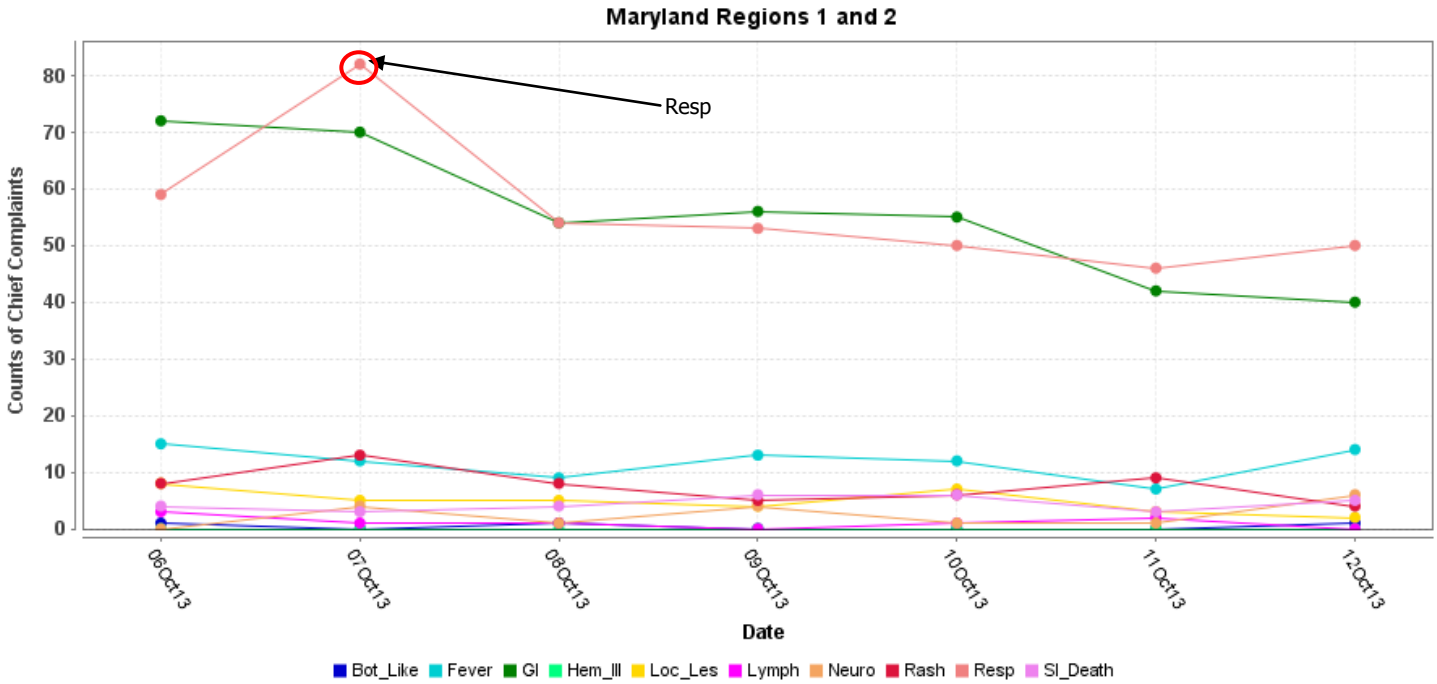
National: **No Active Alerts**
Maryland: **Level Four (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

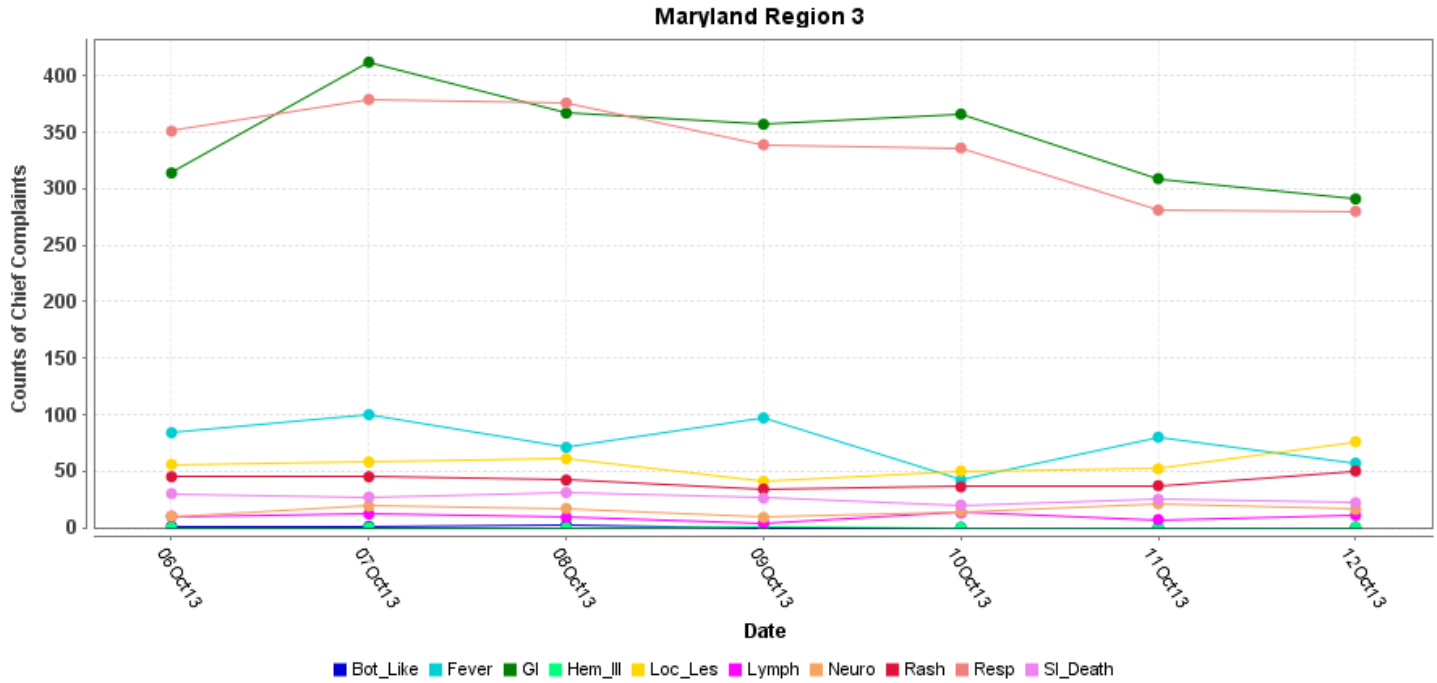


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

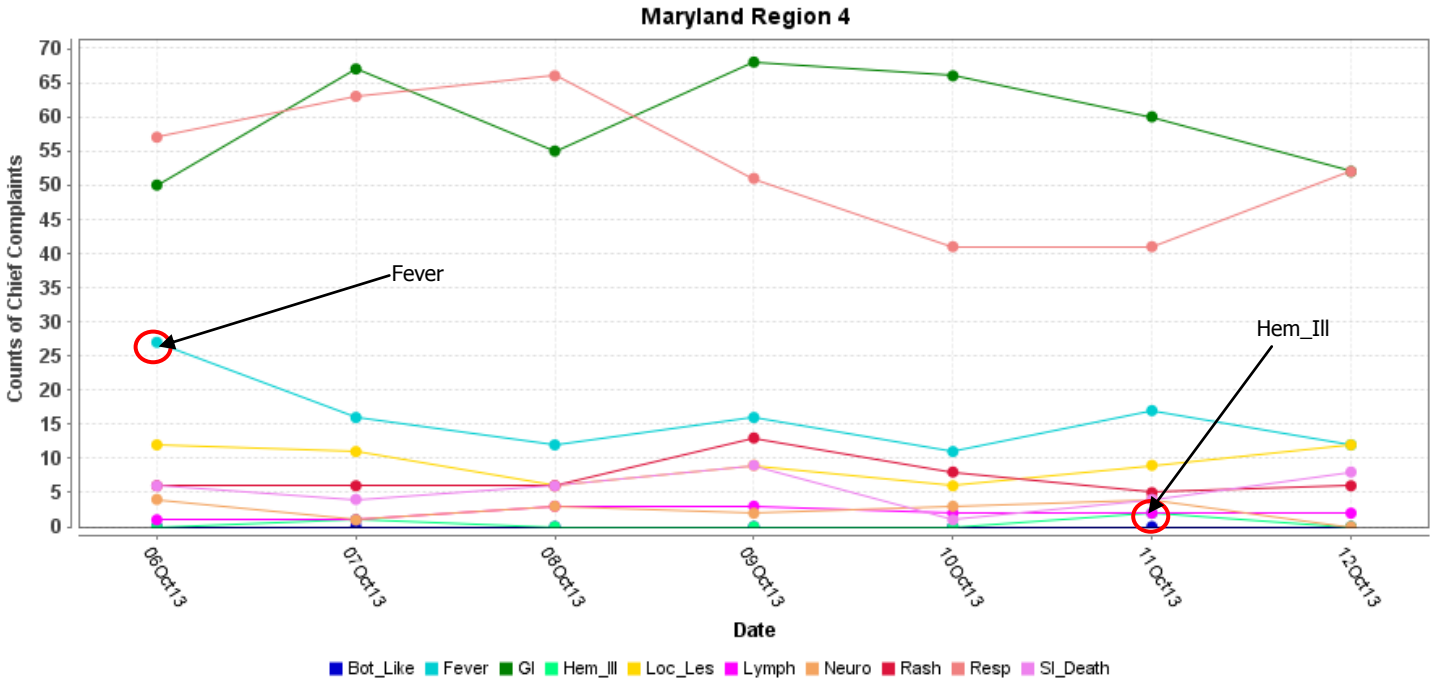
MARYLAND ESSENCE:



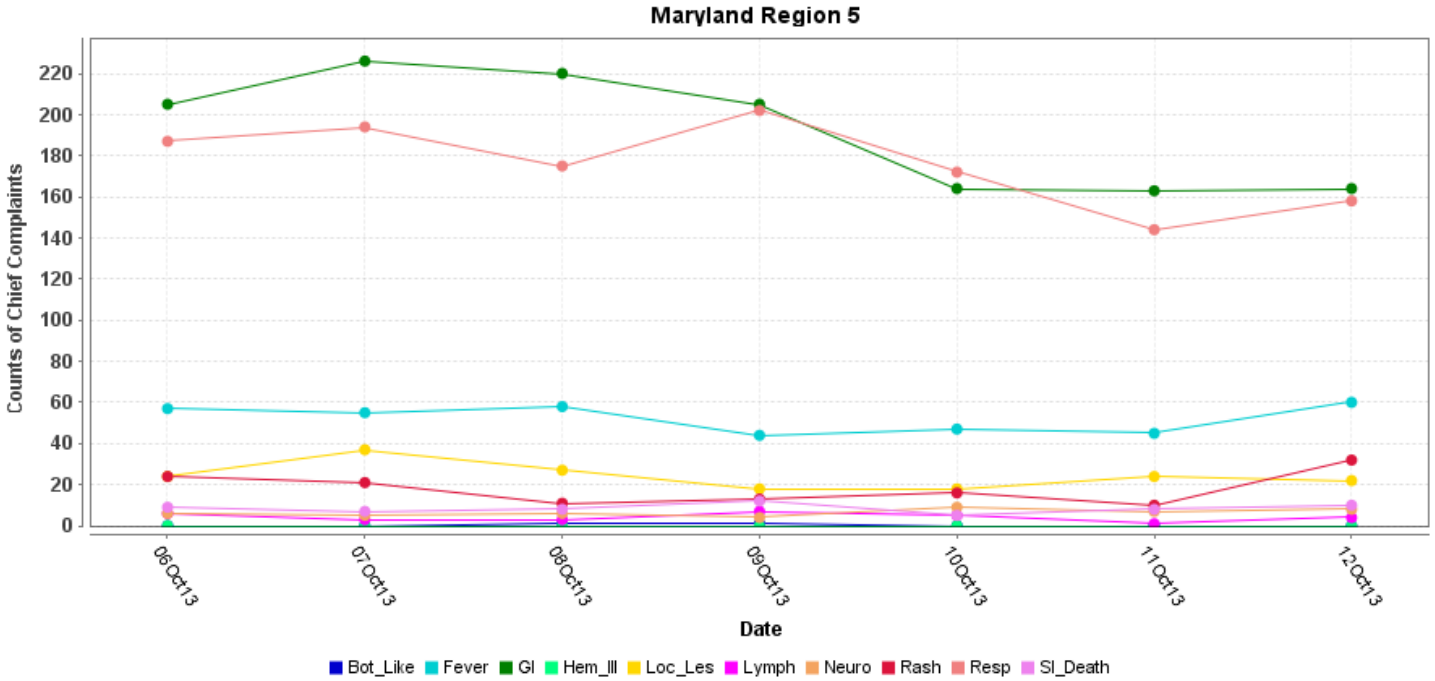
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



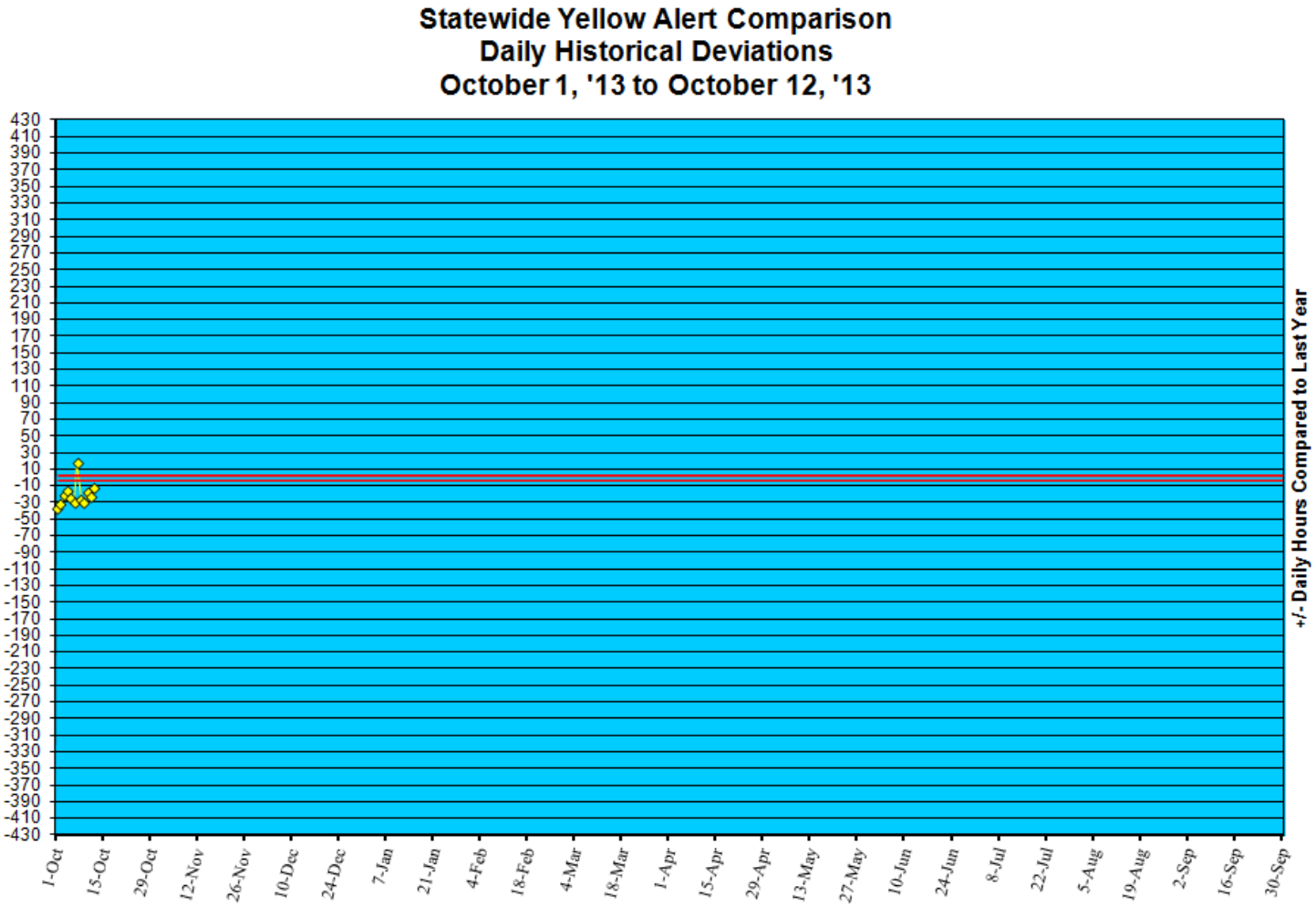
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/13.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in September 2013 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (October 6 - October 12, 2013):	10	0
Prior week (September 29 -October 5, 2013):	7	0
Week#41, 2012 (October 8 – October 14, 2012):	18	0

2 outbreaks were reported to DHMH during MMWR Week 41 (October 6 - October 12, 2013)

2 Gastroenteritis Outbreaks
1 outbreak of GASTROENTERITIS associated with a Rehabilitation Center
1 outbreak of GASTROENTERITIS associated with a Daycare Center

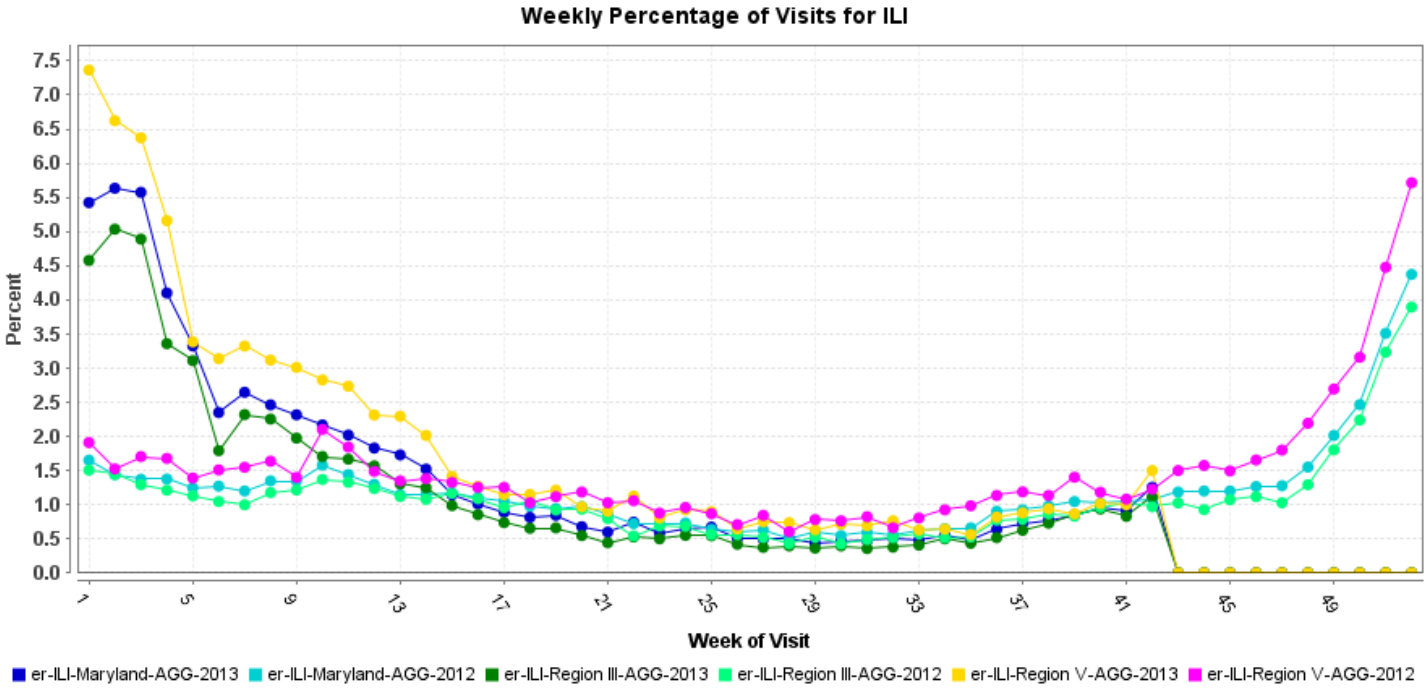
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 41 was: Sporadic Activity with Minimal Intensity

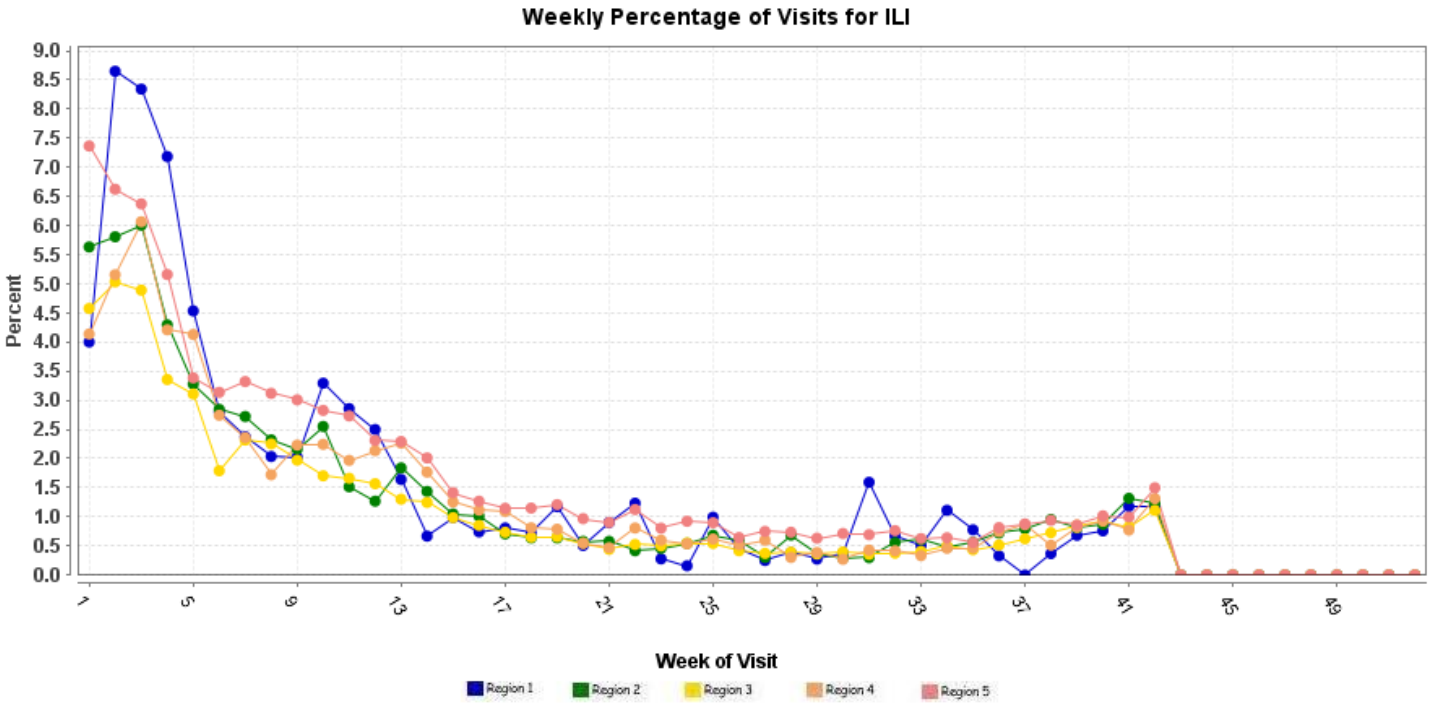
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



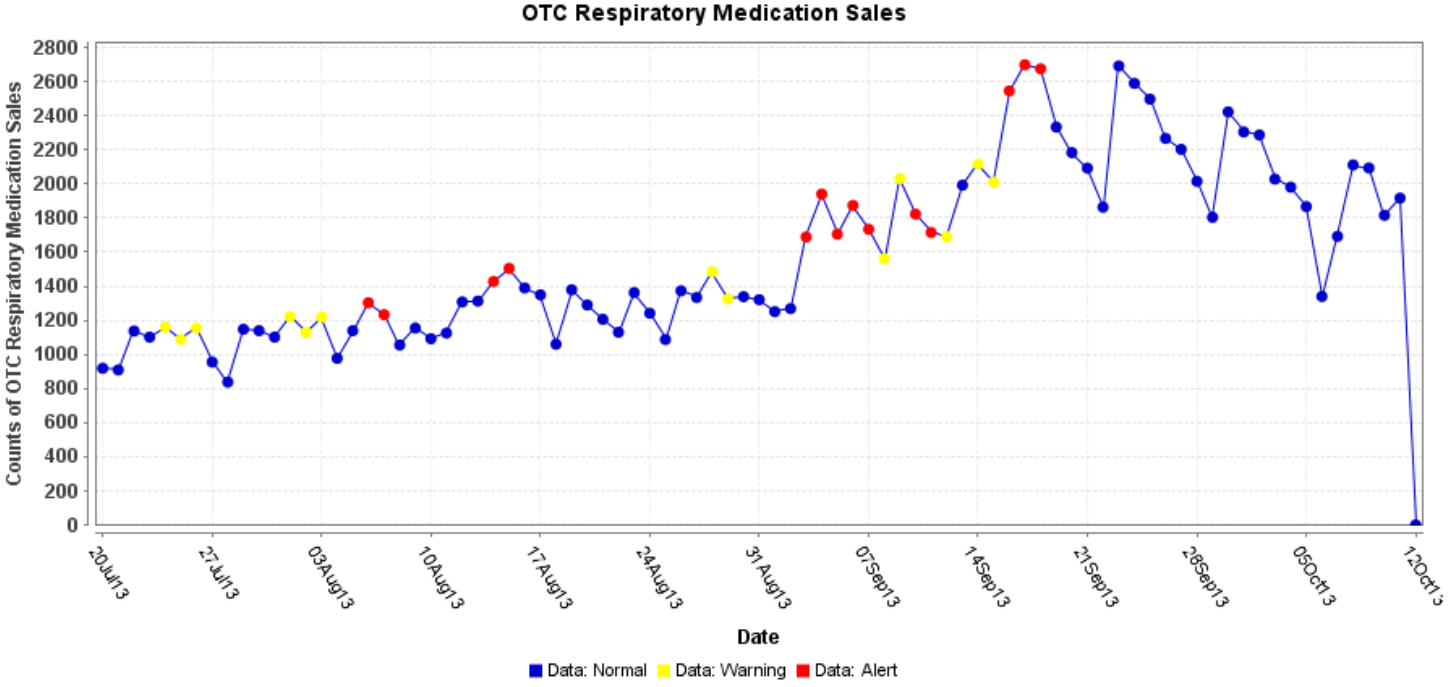
* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2013 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of October 8, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 641, of which 380 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA, H5N1, HUMAN, FATAL (INDONESIA): 08 October 21, The Indonesia Ministry of Health has confirmed the country's 2nd H5N1 case this year [2013], in a 28-year-old man from Bekasi [West Java]. The man died from the disease, according to a machine-translated health ministry statement today [7 Oct 2013] on FluTrackers, the web-based infectious disease message board. The health ministry statement is dated 3 Oct 2013. The man, a truck driver, developed a fever, aches, and back pain on 16 Sep 2013 and received outpatient treatment on 18 Sep 2013 at a private hospital in Bekasi, which is on the outskirts of Jakarta. He was admitted to the hospital on 20 Sep 2013. He died at a different hospital on 27 Sep 2013 of suspected avian flu. Tests by the Center for Biomedical and Healthcare Technology Association later confirmed H5N1 avian influenza, the statement said. Indonesia has now had 194 H5N1 cases, including 162 deaths, since 2005, the Ministry of Health said.

NATIONAL DISEASE REPORTS*

SALMONELLOSIS (ALABAMA): 09 October 2013, Related to a salmonellosis outbreak in Limestone County, Alabama, 5 people were hospitalized, 45 people were treated, and 8 cases were confirmed, Athens-Limestone Hospital reported Tuesday [8 Oct 2013]. Hospital officials confirmed they had treated a total of 45 people for what they believe is salmonellosis. Between Saturday and Tuesday, 5-8 Oct 2013, dozens of people in Limestone County and elsewhere were stricken with diarrhea, vomiting and, sometimes, cramps and fever. Officials believe victims contracted the salmonellosis from food served at the annual bean dinner fundraiser for the Foundation on Aging in Athens, Alabama. However, the state health department is in the process of trying to confirm both the cause and the source of the illnesses. Danny Yocom, lab director at the hospital, said the lab has confirmed 8 cases (through sample testing) and it has sent the pathogens to the state health department for analysis. Also, an untouched takeout order from the bean day dinner was sent to the state for analysis, said Micheal Estremera, infection preventionist for the hospital. "It was a plate that someone here got Friday [4 Oct 2013] and put in the refrigerator but did not eat," she said. "Several people (from the hospital) had eaten there and did not get sick and some did get sick." The 5 who had to be hospitalized were treated mainly for dehydration due to diarrhea, Estremera said. She believed the 45 who were treated for symptoms had eaten at bean day. She said the figure does not include those treated at Medical East, Decatur or Madison facilities. The hospital did not obtain stool specimens from all 45 of the people who were treated for symptoms because once salmonella bacterium was confirmed as the cause of illness in several people, hospital employees simply treated the symptoms. The Alabama Department of Health's Epidemiology Division is investigating the outbreak, though an official could not comment on the status of the probe Tue 8 Oct 2013. "Our investigation is ongoing, so we cannot comment on anything until we conclude it," said Mike Tyler, emergency preparedness coordinator for Area II, which includes Limestone, Morgan, Madison, Lawrence, Cullman, Marshall, and Jackson counties. He could not estimate how long the investigation would take. "It varies depending on how many people we have to interview," Tyler said. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (USA): 08 October 2013, Hundreds of people in 18 states have become sick from a salmonella outbreak linked to raw chicken products made at 3 California plants owned by Foster Farms, the USA Department of Agriculture said on Monday, 7 Oct 2013. "The outbreak is continuing," USDA's Food Safety and Inspection Service said in a statement. An estimated 278 illnesses, mostly in California, were caused by strains of Salmonella [enterica serotype] Heidelberg. The chicken products were distributed mostly to retail outlets in California, Oregon and Washington state, USDA said. The illnesses were linked to Foster Farms brand chicken through epidemiologic, laboratory and traceback investigations conducted by local, state and federal officials. In a statement, Livingston, California-based Foster Farms said it was working with authorities to reduce the incidence of _S._ Heidelberg on raw chicken products. No recall is in effect, the privately owned company added. The CDC is partnering with state health departments to monitor the outbreak while the Food Safety and Inspection Service (FSIS) continues its investigation, USDA said. "In addition to collaborating with FSIS and CDC, the company has retained national experts in epidemiology and food safety technology to assess current practices and identify opportunities for further improvement," Foster Farms President Ron Foster said in a statement. S. Heidelberg is the 3rd most common strain of the salmonella pathogen, which can result in foodborne illness if not destroyed by the heat of cooking. FSIS is one of the arms of USDA that continues to work during the federal government shutdown, but with reduced staffing. Meat, poultry, and processed egg inspection activities have been maintained. Raw products from the facilities bear one of the following numbers inside a USDA mark of inspection or elsewhere on the package: P6137, P6137A, or P7632. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

RICIN (UTAH): 06 October 2013, The upstairs neighbors of a 37-year-old woman who apparently tried to commit suicide with ricin were able to return home Thursday evening [3 Oct 2013] after a hazmat team determined there was little danger of exposure. "The incident poses no danger to the neighboring houses," Jason Killinen, a spokesman for the North Logan [Utah] Fire Department said in a blog posting Thursday evening. The woman remained hospitalized but was talking with police and the FBI on Thursday. Production of ricin, which can be a weapon of mass destruction, violates federal law, but it was not clear whether prosecutors would prosecute her since her aim, according to North Park Police Chief Kim Hawkes, was to die -- not to spread the deadly toxin. North Park is the police agency for North Logan and Hyde Park. Members of the Utah Air and Army National Guard's 85th Civil Support Team entered the home -- divided into a basement apartment where the woman lived and another above -- in the late afternoon. No ricin was found in the upstairs apartment or in the ventilation system, clearing the way for the family of 4 -- a couple, a grandmother and a son -- to move

back in. Ricin was found, however, in the basement apartment. The Bear River Health Department planned to work with the homeowner to mitigate any residual contamination, Killinen said. Ricin is highly toxic, and at high levels of exposure can cause severe diarrhea and fatal episodes of shock. Death typically occurs within 3 to 5 days of the initial exposure due to multiple organ failure. The scare began when the woman's out-of-state cousin contacted police Wednesday [2 Oct 2013] at about 10:30 p.m. after exchanging texts and at least one phone call with the woman, Hawkes said. The North Logan woman was nauseated and vomiting during the day Wednesday and apparently told her cousin something that alarmed her. "She (the cousin) knew she (ill woman) was sick," Hawkes said. The woman ordered 60 castor beans online, soaked and apparently ground and ate half of them, he said. She made no attempt to broadcast the deadly toxin or to vaporize it, he said. Killinen said the woman told police on Thursday that she learned to make ricin online. A neighbor said the upstairs neighbors were not happy to have to evacuate their home and to leave behind even their car keys. "It's disheartening to be taken out of your house in your pajamas," she said of the family. They were checked out at a hospital Wednesday night and stayed with friends while waiting to return home. The woman who ate the castor beans has back trouble and suffers mental health issues, [the neighbor] said. Members in the North Logan 5th Ward of The Church of Jesus Christ of Latter-day Saints had tried to help, said [the neighbor], who has delivered meals but had little conversation with the woman. "There's nothing more we could have done to help her," she said. The National Guard's 85th Civil Support Team is one of 50-plus around the country that helps local agencies respond to hazardous material spills, accidents and other exposures. The team is based in Salt Lake City. Its members are full-time employees of the Guard and essentially active duty, so they are still working during the federal government shutdown, said Lt. Col. Hank McIntire, spokesman for the Guard. (Ricin is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

HEPATITIS A (NEW ZEALAND): 09 October 2013, The number of people in Ashburton who have contracted hepatitis A could be much higher than the 28 cases confirmed so far. The Canterbury District Health Board has begun vaccinating the town's pre-schoolers to try to prevent the spread of the liver disease that kills one in every 50 people who contract it. Canterbury Medical Officer of Health Dr Alistair Humphrey told Morning Report that nearly all the confirmed cases have been tracked back to a single preschooler who went on holiday overseas with his/her family. Public health officials say the case demonstrates how important it is to be inoculated before going on holiday. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

JAPANESE ENCEPHALITIS AND OTHER (INDIA): 09 October 2013, The Press Trust of India on Tuesday [8 Oct 2013] reported that in the past few days, 15 children have died in a fresh outbreak of viral encephalitis in India's Uttar Pradesh state, taking this year's [2013] toll to 358. Doctors say affected patients come from between 10 and 12 districts in the region, and are mostly the rural poor. The disease usually occurs during the monsoon season in Gorakhpur and adjoining areas and children are the worst affected. More than 200 patients are still being treated at government hospitals. At least 6500 children have died of encephalitis in the region since the 1st case was detected in 1978. Gorakhpur and adjoining districts, which border Nepal in the foothills of the Himalayas, are low-lying and prone to floods, providing a breeding ground for mosquitoes which commonly transmit the virus. Until 2005, doctors say that the majority of deaths were caused by Japanese encephalitis, a mosquito-borne virus. But in the past 7 years, children have been dying of other forms of viral encephalitis, the exact cause of which is unclear. The diseases cause headaches and vomiting and can lead to coma, brain dysfunction, seizure, and inflammation of the heart and kidney. Doctors say children between the age of 6 months and 15 years are the worst affected. A 5th of the children who survive have to live with neurological weaknesses, doctors say. The government says it has tried to check the regular outbreak of encephalitis in the region. Last week [week of 1 Oct 2013], India launched a vaccine [campaign] against Japanese encephalitis as part of a national programme to fight the virus. "Beginning with the 1st report in 1955 in Tamil Nadu state, the Japanese encephalitis virus has now spread to more than 171 districts in 19 states," Health Minister Ghulam Nabi Azad said at the launch of the vaccine. In 2005, a virulent outbreak of Japanese encephalitis in Gorakhpur killed 1000 people, mostly children. This was the worst outbreak since 1978. (Viral Encephalitis is listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (MALAYSIA): 08 October 2013, Laboratory tests on samples collected from victims of the wedding reception food poisoning in Tanjung Dawai, which claimed 4 lives last week, confirmed chicken served was contaminated with salmonella. State Health Department director Dr. Ismail Abu Taat said the 2nd test on the samples confirmed the presence of the bacterium, which can cause a food borne illness. However, he said that salmonella bacteria are commonly found in livestock, and the department concluded that those who prepared the dish failed to clean the chicken properly. Dr. Ismail said earlier investigations revealed that the chicken used for the ayam masak merah dish had been sent to the host in Kampung Huma a day before the wedding reception. "The chicken was sent to the house on Friday [4 Oct 2013?] evening, but it was only cooked at 4:00 pm the next day. This had allowed the bacteria to replicate in the chicken." "Investigation also revealed that the chicken was contaminated and gave off a foul smell. However, those who prepared the dish only removed the spoiled portion and cooked the meat," he said. More than 280 guests, including the bride's family, suffered symptoms such as diarrhea and vomiting; after the feast, 4 guests died. Health Minister Datuk Seri Dr. S. Subramaniam said illness can also occur when there is a long delay between preparing and consuming food. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX (ARMENIA): 07 October 2013, 15 people in Armenia's northern and northwestern regions of Lori and Shirak were hospitalized after local health authorities suspected they were infected with anthrax, the health ministry said. According to a statement placed on the ministry's official website, 3 people in the village of Artagyuh, Lori region were found on 4 Oct 2013 to have cutaneous (skin) anthrax. This caused health authorities to examine the village residents and discover 8 more people suspected to be infected with the disease. Lab tests confirmed that 7 of them had cutaneous anthrax. The ministry said laboratory investigations are continuing. These people have been hospitalized and are receiving appropriate treatment. The doctors said their condition is moderate with an improvement trend. A deeper study found that the probable cause of the infection was eating the meat of dead animals. Part of that meat had been sent to Gyumri. A subsequent study in Gyumri found 4 people suspected to be infected with anthrax. They were hospitalized; the laboratory research has not yet been completed. The ministry said its experts are working to detect and localize people with anthrax. Before that, the skin form of anthrax was discovered in Armenia in March 2013 in 2 people. One of them was a citizen of Georgia. Several cases of animals with anthrax were reported in October 2012 in Gegharkunik province. This was followed by hospitalization of 21 people with symptoms of the disease. Laboratory studies confirmed the presence of anthrax in one of them. In early November 2012 (last year), the disease was detected in a resident of Ushi village in Aragatsotn. Reports about anthrax-infected animals came also from Tavush and Armavir regions. Anthrax is an infection caused by bacteria called Bacillus anthracis. These bacteria make spores, a form of the germ covered by a protective shell. The spores can live for years in the soil, and they cause anthrax when they enter the body. Although the disease is most common in farm animals -- like sheep, cows, and goats -- there is a small chance that people can get it as well, usually from some type of contact with an animal or part of an animal that had anthrax. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

CRIMEAN-CONGO HEMORRHAGIC FEVER (PAKISTAN): 07 October 2013, our butchers died after being infected with Crimean-Congo hemorrhagic fever virus [CCHF] virus in September 2013. Amid the paralysing spread of polio in Fata and Khyber-Pakhtunkhwa (K-P), the CCHF virus may be the next epidemic to hit the country. The virus may be a serious threat to human lives if timely precautionary measures are not taken, warned Dr. Muhammad Najeeb Khan Durrani, the senior Surveillance Coordinator Communicable Diseases, Islamabad. People in areas of Punjab, K-P and Balochistan have been exposed to the deadly virus, Dr. Durrani, who is also member of the Global Outbreak Alert Response Network, told The Express Tribune. People think that because of its name, CCHF virus cannot be found in Pakistan, which is an ignorant assumption, he said. "CCHF virus is a reality in the country." The virus causes Crimean-Congo hemorrhagic fever, a widespread tickborne viral disease in domestic and wild animals that affects humans. Domestic animals brought from Afghanistan to Pakistan through the border at Chaman carry the infectious ticks. The disease spreads among the animals through the ticks. In humans, it is spread by close contact with the blood, secretions, organs, or other bodily fluids of infected animals or persons. The virus was initially found in Loralai in 2006, where some butchers and livestock buyers died because of the disease, revealed Dr. Durrani. Authorities took immediate precautionary measures then, and it was made mandatory for Afghan sheep to cross a pond filled with virus-killing medicine [sheep dip?]. This precautionary practice continued for some time, which helped in CCHF prevention. However, the practice has not continued for a few years due to negligence. The recent outbreak of virus was reported on Sat 7 Sep 2013 in Haripur when 4 butchers lost their lives after they slaughtered and touched the meat of a sheep. Sohrab Ahmed, president of the Butchers' Association of Haripur, while reporting on the deaths of the 4 butchers, told The Express Tribune that the sheep were bought from the animals' market in Hazro, Attock. Ahmed said it is a known fact that the animals sold at the Hazro market are being brought over from Afghanistan. The district administration of Haripur immediately imposed a ban on the slaughtering of animals for 7 days and arranged for a vaccine [disinfectant?] spray in the meat shops and houses of butchers. The butchers have also been provided with safety kits that include masks, hand gloves, and aprons that they still use. Generally, sheep, cows, and other animals are exported to Afghanistan from Pakistan via the Torkham border, but a large number of lambs are also brought for grazing in the mountainous areas of Balochistan from the eastern neighboring country. After the Afghan lambs are 2-3 years old, they are sold to local businessmen and cattle traders in Pakistan. "It is most of the Afghan sheep that carry the infectious tick which spreads CCHF virus in Balochistan, Punjab, and K-P," said Dr. Durrani. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

CHOLERA (MEXICO): 06 October 2013, The government of Mexico reported this Friday, 4 Oct 2013, that 79 cases of cholera have occurred and one person died from this disease, which had not presented in the country for a decade, while Nicaragua and Guatemala announced alerts. In the state of Hidalgo, "77 cases in total" have occurred, said the federal Secretariat of Health, Mercedes Juan, during a press conference. The office of the assistant secretary for Health of Hidalgo, Ana Maria Tavares, said that these 77 cases joined 2 others confirmed in the neighboring Federal District of Mexico City, with a total of 79. Tavares acknowledged that "the strain is the same that circulates in Caribbean countries such as Haiti, Cuba and Dominican Republic." Guatemala decreed a health alert in 4 departments that border with Mexico related to the outbreak of cholera, although for the moment there have been no recorded cases. For its part, Nicaragua noted outbreaks of acute diarrhea, and is strengthening the epidemiological surveillance at its borders. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable